


**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90013 003 \*\*\*\*61.50

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N0000006607</b>			
1. Entity Name INTERDENOMINATIONAL CHURCH OF GOD, INC.			
Principal Place of Business 5911 E. SPRING ST SUITE 368 LONG BEACH, CA 90808		Mailing Address 5911 E. SPRING ST SUITE 368 LONG BEACH, CA 90808	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
05092007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3679906		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISAAC, KENNETH 301 NORTH GREENWOOD AVE. CLEARWATER, FL 33755		Name <u>CHAMBLISS, JOHNNY F, JR</u> Street Address (P.O. Box Number is Not Acceptable) <u>1939 11TH ST SW</u> City <u>LARGO</u> FL Zip Code <u>33778</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>JOHNNY F CHAMBLISS JR</u>		DATE <u>MAY 16, 2007</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD JONES, IRA DR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5911 E. SPRING ST., SUITE 368	NAME	
STREET ADDRESS	LONG BEACH, CA 90808	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	CD BAITY, CLARA F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1214 MAGNOLIA DR	NAME	
STREET ADDRESS	CLEARWATER, FL 33756	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD JENKINS, NAOMI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1129 CARLETON ST.	NAME	
STREET ADDRESS	CLEARWATER, FL 34615	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD ISAAC, JANICE <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 N. GREENWOOD AVE.	NAME	
STREET ADDRESS	CLEARWATER, FL 33755	STREET ADDRESS	<u>301 MARTIN LUTHER KING AVE</u>
CITY - ST - ZIP		CITY - ST - ZIP	<u>CLEARWATER, FL 33755</u>
TITLE	AT CHAMBLISS, HENRIETTA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1939 11TH ST SW	NAME	
STREET ADDRESS	LARGO, FL 33778	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>R. Ira Jones</u> DR IRA JONES		Date <u>5/16/07</u> 562-234-0053	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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